Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS3106AGC	A. BUILDING _____ B. WING _____	02/24/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE HOMES 2 LLC	5305 MEADOWS LILLY AVE LAS VEGAS, NV 89108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 02/24/09. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility is licensed for 6 total beds, classified as Category 2 beds. The facility had the following endorsement: Residential facility which provides care to persons with Alzheimer ' s disease. The census at the time of the survey was 2. Two current files were reviewed, 1 discharged resident file, and 2 employee files were reviewed. The following complaints were reviewed: NV00018716 - Unsubstantiated The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified at the time of the survey:	Y 000	Acceptable Plan of Correction 3/11/09 - NPRR, NHSH	
Y 451 SS=C	449.231(2)(a)-(f) First Aid Kit	Y 451		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lawrence Lydon | TITLE: ADMINISTRATOR | (X6) DATE: 3/9/10

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Y 451	Continued From page 1 NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 2/24/09, the facility failed to have a complete first aid kit available with the required components. Severity: 1 Scope: 3	Y 451	**Y 451** **1. First Aid Kit with all the required components was immediately purchased.** **2. Administrator will regularly monitor First Aid Kit and ensure that all required components are available and if any item was used, will ensure that it's immediately replaced.** **3.** 2/27/09 **(Pls. see attached document/s)**	
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations	Y 936	**Y 936** **1. Employee #1 already started 2 Step TB test, 1st Step was done on February 20, 2009,, read on February 27, 2009 and 2nd step done on same date, read on March 2, 2009 both of which have negative results..** **2. Administrator will regularly monitor all Resident's files in order to be updated and compliant with BLC requirements.** **3. 03/02/09** **(Pls. see attached document/s)**	